

DOH-RFA-18-001
Questions and Answers

Q1. In reading through the RFA guidelines, I noticed that in the RFA Timeline on page 5 it says the applications are due no later than 4pm on September 4, 2018, but on page 45 under Section 6.0 Submission of Application, it says applications must be postmarked no later than 4pm September 14, 2018. Can you please confirm that the due date and postmark date are, indeed, 4pm on September 4, 2018?

A1. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department's Grant Funding Opportunity website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q2. Are we required to implement all services within a service category? For example, if we applied for Category 1, do we need to propose a) Condom distribution, b) Community outreach engagement and education, c) social media marketing, and d) referrals to prevention and essential support services?

A2. Yes, unless otherwise specified within a category.

Q3. Can we apply for more than one service category? If so, is it possible to be awarded funding in multiple service categories?

A3. See Section 4.1—Application Content, page 40.

Q4. It seems that a specific funding amount was allocated to specific counties. I would assume that these awards would be managed at the local DOH level. That would seem to preclude us from submitting a bi-county proposal. Can we then submit one proposal for each county—Miami-Dade and Broward—at the maximum funding level?

A4. See Section 4.1—Application Content, page 40. Also see page 2, Funding Announcement Summary, Range of Awards.

Q5. Is FL DOH willing to issue an award at the maximum funding level to an agency in two separate counties?

A5. See Section 4.1—Application Content, page 40. Also see page 2, Funding Announcement Summary, Range of Awards.

Q6. Page 16 breaks down the total funding and the number of awards expected for each category. Is there a breakdown by HIV/AIDS Service Area?

A6. Yes, please see Section 1.5—Available Funding, Table 1., page 15. See also Attachment 1, page 54.

Q7. Can an applicant only apply in one category?

A7. Yes, see Section 4.1—Application Content, page 40.

Q8. Are all strategies and activities listed within a category required?

A8. Yes, unless otherwise specified within a category.

Q9. Is the maximum funding threshold \$400,000/year or is that the total for all three years?

A9. The budget period is 12 months. See Funding Announcement Summary, Budget Period, page 2. See also Section 1.5–Funding Availability, Tables 1 and 2, pages 15–16.

Q10. Page 35 requests, an “established MOU with a Prevention and Essential Support Service Provider.” Page 45 requests a letter of support from an authorized official at the local health office. Page 46 requests as Appendix B, an MOU with the County Health Department. Should these be three different documents? Please clarify.

A10. Yes, these are separate documents. MOAs/MOUs are different than Letters of Support. Appendix B merely outlines where these documents go in the order of the application package.

Q11. On page 5 of the RFA the due date for submittal is September 4th 2018. On page 46 of the RFA the date for submittal is September 14th 2018. Please clarify which date is correct.

A11. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department’s Grant Funding Opportunity website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q12. Please provide an excel budget form that can be used for the proposal.

A12. We will post the documents to the Grant Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q13. Are there any parameters for personnel resumes (e.g. one page)?

A13. No, please see Section 5.2.3–Organizational Capacity and Staffing, page 44.

Q14. Should position descriptions be included in Appendix A of the application – especially for applicants proposing increased services with additional staff?

A14. This is not required. See Section 5.2.3–Organizational Capacity and Staffing, page 44.

Q15. Is the CDC-approved ARTAS program allowable as a risk reduction intervention?

A15. For requirements for risk reduction interventions, please see Section 2.4–Project Requirements, Category 3, 2.d. or 3.b., page 34–35. To learn more about the ARTAS intervention, please visit www.effectiveinterventions.org.

Q16. Will individual post-test counselling for HIV-negative individuals be considered a risk reduction intervention?

A16. Post-test counseling should be inclusive of risk reduction counseling. See Section 2.4.B.1.b., page 32 for HIV testing standards and guidelines.

Q17. Direct service provisions are considered allowable costs; can grant funds be used to provide clients gas cards?

A17. No, per the Department of Financial Services, gas cards are an unallowable cost.

Q18. Transportation services are considered essential support services; can grant funds be used to facilitate a ride share program (e.g., Uber) for clients?

A18. Funds can be used to pay for travel of clients. Applicants will be required to maintain the required travel reimbursement documents per section 112.061, Florida Statutes.

Q19. Essential support services are limited in some of the areas that we serve. What indicators for essential support services will be measured in areas of very limited resources?

A19. See Section 2.3, Tables 3, 4, and 5 (pages 25–28) for indicators related to essential support services.

Q20. In reference to PrEP/nPEP referrals, are there specific requirements/parameters to the referral process that must be met (e.g. creating and providing collaborating institution with referral forms, minimum number of referrals, etc.)?

A20. See Section 2.3, Tables 3, 4, and 5 (pages 25–28) for indicators related to PrEP/nPEP. Specific processes that will be used to carry out PrEP/nPEP referrals should be included in the Project Narrative and Work Plan.

Q21. Are there any specific requirements/parameters in linkage to PrEP and nPEP services that must be met (link to PrEP/nPEP medication within a certain timeframe following referral, minimum number of persons successfully linked to PrEP/nPEP, etc.)?

A21. See Section 2.3, Tables 3, 4, and 5 (pages 25–28) for indicators related to PrEP/nPEP. Specific processes that will be used to carry out PrEP/nPEP referrals should be included in the Project Narrative and Work Plan.

Q22. Does an MOU with a local health department DIS meet the Partner Services component of Comprehensive HIV Prevention Services?

A22. Yes. The referral agreement for Partner Services should be in the form of an MOA/MOU. See Section 2.4.B.2.b (page 33)

Q23. Is there a required HIV testing type (e.g., OraSure, rapid testing, etc.) for applicants that will implement prioritized/targeted HIV testing in non-health care settings? Will DOH provide training for required testing type?

A23. There is not a required testing type for applicants that will implement prioritized/targeted HIV testing in non-health care settings; however, the Department currently provides the following HIV testing devices: OraSure oral fluid test; OraQuick Advance HIV-1/2; and SureCheck HIV-1/2.

Q24. For applicants that will implement prioritized/targeted HIV testing in non-health care settings, will HIV testing kits be provided to awardees? If not, do awardees receive state rates for purchasing HIV testing kits? What is the state rate for HIV testing kits?

A24. For applicants implementing prioritized/targeted HIV testing in non-health care settings, HIV testing devices and training will be provided by the Department.

Q25. Are applicants that will implement prioritized/targeted HIV testing in non-health care settings responsible for the costs of labs? If so, do awardees receive state rates for cost of labs? What is the state rate for HIV test lab work?

A25. For applicants implementing prioritized/targeted HIV testing in non-health care settings, lab costs associated with HIV testing will be supported by the Department if the applicant chooses to use the State Public Health Laboratory.

Q26. On page 5 of the RFA the due date for submittal is September 4th 2018. On page 46 of the RFA the date for submittal is September 14th 2018. Please clarify which date is correct.

A26. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department's Grant Funding Opportunity website (<http://www.floridahealth.gov/about-the->

[department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html](http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html)).

Q27. Page 5 has application due date of September 4th and page 46 has application due date September 14th. What is the due date?

A27. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department's Grant Funding Opportunity website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q28. If a 501c3 is not owned but minority operated and controlled by 51% or more minority group members (staff and board of directors) does this qualify as a Minority Organization?

A28. Evidence that the applicant meets the requirement of the RFA, they can provide: Certificate of Incorporation, Articles of Incorporation, or agreement(s) pertaining to ownership, operation, and control of the business.

Q29. Page 12 under Prevention Services: the last line reads as additional information is missing. Page 15.

A29. This definition should read as follows:

Prevention Services: Any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavioral interventions, risk reduction counseling, substance abuse and mental health services, and other services focused on social determinants of health.)

Q30. First paragraph – “Subject to future availability of funds, there may be up to a 50% increase in individual funding amounts during the funding period to enhance high-impact HIV prevention projects.” Does this mean all successful applicants will qualify for this increase or is there certain criteria to be eligible?

A30. Any increase to funding amounts will be at the discretion of the Department and based on availability of funds.

Q31. For Comprehensive HIV Prevention Services – Category 3 – If an agency currently has a PrEP education, Linkage to Care and Medication Adherence program funding by another source are they still required to implement these under this RFA?

A31. The category components are still required to be implemented under this RFA; however, if these programs are in place at the agency, services are not required to be duplicated. Funding streams for specific programs and activities should be clearly identified in the applicant's proposal and budget.

Q32. Page 17 – third paragraph – Ryan White Part B is not included. Is there a reason why?

A32. The Florida Department of Health is the recipient of the Health Resources and Services Administration Ryan White Part B grant. Applicants are also encouraged to collaborate with Ryan White Part B lead agencies.

Q33. Page 42 – What type of documentation is needed to verify the Applicant's status as a minority organization? (It meets the definition in section 1.0 except for “minority owned”)

A33. Evidence that the applicant meets the requirement of the RFA, they can provide: Certificate of Incorporation, Articles of Incorporation, or agreement(s) pertaining to ownership, operation, and control of the business.

Q34. Will applicants have the opportunity to see Attachments 8 & 9, the CHD Review and Recommendation Forms?

A34. Completed Attachments 8 and 9 can be provided to applicants upon request. Attachments 8 & 9 will only be completed for applicants under consideration for funding and will be provided to local health department leadership for completion.

Q35. Page 51 – Quarterly Financial Report – Is this required for Cost Reimbursement contracts also?

A35. Cost reimbursement contracts do not require the provider to submit a quarterly financial report. However, each invoice submitted must identify the current amount requested for payment and the year-to-date totals for each category of expense identified in the budget Attachment of the contract.

Q36. Attachment 1 – three of six counties in Area 2A are not allocated funds. Can we choose not to implement in counties?

A36. Applicants should assess needs and determine the most appropriate level and frequency of services for those counties. Just because funds were not allocated to a certain county does not mean there is not a need for services.

Based on the funding allocation methodology used to establish funding levels by HIV/AIDS Service Area, the three counties in Area 2A (Calhoun, Gulf, and Holmes) all had less than 25 persons living with HIV (PLWH), representing percentages that were not statistically significant (when looking at three decimal places out). For example, Calhoun County had 21 PLWH, which, when divided by the total PLWH for the state of Florida (114,772) calculates to 0.0001829 (0.018%). The Department established a minimum funding level of \$125,000 for areas that did not have enough epidemic

Q37. Why are any counties with HIV cases not considered eligible to receive funds where services are being provided to the clients?

A37. Please refer to section 1.5, Available Funding, (Page 15).

Q38. Key personnel are inclusive of who, i.e. Accountant, Program Director, Prevention Specialist, Evaluator...?

A38. Please refer to section 5.2.3, (Page 44).

Q39. Are Dollar General gift cards an allowable cost?

A39. No, they are not an allowable cost. Please see Section 3.5–Use of Grant Funds (page 39)

Q40. MOU/MOA – Can we use current ones that are active and cover the services required under this RFA with the understanding that they are renewed annually?

A40. Please refer to section 2.5, (Page 35). Established MOAs/MOUs are allowed.

Q41. Could you clarify or define “High HIV incidence communities” as it related to this RFA?

A41. A geographical area that has a high number of new HIV diagnoses during a specific period of time (often a year).

Q42. Would an agency need to provide an entirely separate application for each funding category?

A42. Please refer to Section 4.1–Application Content (page 40)

Q43. Page 57 – Starts with Attachment 2; is this to avoid confusion with the State’s Attachment 1 terminology? Or is there an attachment that was not described in the process?

A43. Please see Attachment I, which begins on page 54.

Q44. Pages 54 – 56 The left column totals do not add up to the same amount as the right column totals. Where is the difference? What will it be used for?

A44. The right-hand funding allocation totals are greater because they include the funding allocation for the Florida Department of Corrections cases that have been redistributed across all HIV/AIDS service areas. Please see the footnote on page 56 for Attachment I.

Q45. Page 56 What does the acronym FDC stand for in this reference?

A45. FDC stands for the Florida Department of Corrections as noted at the bottom of Attachment I (page 55).

Q46. Page 46 In this section (Part 6) the deadline states September 14th, but the cover states September 4th. Which is correct? The 4th is a Day after the Labor Day Holiday, and would increase the amount of a FedEx delivery considerably. Is it possible to move it to the 5th if the 4th is the intended date?

A46. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department’s Grant Funding Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q47. The RFA indicates two different submission dates. The cover page states applications are due September 4th but later on in the instructions on page 46 the deadline is listed as September 14th. Can you clarify that please?

A47. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department’s Grant Funding Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q48. We are currently funded through South Florida Behavioral Health Network who is the Managing Entity in Southern Region for the State’s Substance Abuse and Mental Health Treatment dollar.

We are currently utilizing OraSure Swab for various reasons one being that test the test is confirmatory and another reason is that the individuals we test are more likely to agree to a HIV screening test that will not provide results immediately. We do not test using Rapid Test. We must send the swab specimen to lab and results are provided within 2 weeks.

Under the above referenced RFA would we be able to continue to utilize the OraSure swab specimen collection device or do we have to begin testing utilizing Rapid Test?

A48. OraSure swab specimen collection devices are an approved testing technology for this funding opportunity.

Q49. We are intending to apply for \$100,000 under category 2. What is the expectation as far as individuals tested annually for \$100,000.

A49. Awardees are expected to identify annual objectives for category activities in their Work Plan.

Q50. Is it possible to provide a Microsoft Word version of the pages that we will need to complete (i.e. Attachments 3, 4, 5, 6, 7, 8)?

A50. The program will post these documents to the Grant Funding Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q51. Can you confirm if the deadline is September 4 (as seen on page 5) or September 14th (as seen on page 46)?

A51. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department's Grant Funding Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q52. In the RFA Timeline table on page 5 of the RFA, the deadline is listed as Tuesday, September 4, 2018. On the other hand, in Section 6.1 on page 46, the deadline is listed as September 14, 2018 (which is not a Tuesday). What is the actual deadline?

A52. The RFA Application due date is September 4, 2018. Please see Addendum #2 posted to the Department's Grant Funding Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q53. Section 4.3 on page 41 lists the order of the application package in a table format. For Appendix A, the sections listed are A.1, A.2, A.3, A.3, A.4, and as you can see A.3 is repeated twice, each asking for a different document – A.3. Documentation showing non-profit designation and A.3. Copies of key personnel's resume. How should this be resolved? Will you renumber these subsections in an addendum?

A53. The Appendices listed in Section 4.3–Order of Application Package, Appendix A, will be revised and posted in an Addendum.

Q54. In the middle of page 32, we are referred to Section 2.4.A.1.d. on page 30 where it discusses referrals to prevention and essential support services. For these services, are we required to refer to external entities? For example, if we have our own PrEP clinic at a close by location, can one of our own providers refer a client to our own PrEP clinic?

A54. No. You can refer to internal or external entities. Please refer to Section 2.4.A.1.d (page 30).

Q55. What is the difference between gift cards to grocery stores and food vouchers?

A55. The Department's Client Incentive and Promotional Items Policy 250-18-18 indicates funds may be used to provide incentives of food, food coupons, or gift cards, as referenced in Section III.D.1. The policy states that the merchant must sell food only items. Disallowed gift card purchases include superstores, grocery, specialty or convenience stores, or any store offering items other than food. Food coupons are different from grocery store gift cards because they limit the recipient to food only, and do not allow purchase of other items (e.g., alcohol, lottery, tobacco products, and firearms or ammunition).

Q56. Is the work plan limited to only two pages?

A56. Yes. See Section 5.6–Work Plan (page 45).

Q57. Can an organization with non-traditional testing sites apply?

A57. Non-profit entities with 501(c)(3) designation are eligible to apply. See page 2.

Q58. Can I apply for two service categories?

A58. No. See Section 4.1–Application Content (page 40).

Q59. The format specifies single spacing for the narrative, what about the rest of the application?

A59. Single spacing should be applied to the entire application.

Q60. Can a 3 percent cost of living raise be factored into the budget?

A60. As a subrecipient of fixed federal funds, the Department does not factor in a 3 percent cost of living increase in our allocation, therefore, the Department will not allow cost of living raises under this RFA.

Q61. My Parent organization is in New York and we are located in Tampa. Can we apply?

A61. Applicants must provide services and have a physical office located in the area where they are proposing to implement projects. See Section 3.2–Eligibility Criteria (page 36).

Q62. Should the organizational chart be current or proposed pending award?

A62. Current organizational information is required as specified in Section 5.7.A (pages 45–46); however, applicants may submit an additional version of the organizational chart which includes anticipated changes based on the proposed services.

Q63. Are there templates for the budget summary and justification?

A63. Yes. See Attachments 4, 5, and 6 (pages 60–63).

Q64. Please clarify what is allowable for health care and non-health care HIV tests?

A64. Please reference Section 2.4.B.1. (pages 31–32).

Q65. My clinic is part of a university which has a 501(c)(3) designation. Can we still apply?

A65. Non-profit entities with 501(c)(3) designation are eligible to apply. See page 2.

Q66. When applying for two different service areas so the activities, objectives, and budget have to be the same or can they be different?

A66. When applying for two service areas, the activities, objectives, and budget should be clearly defined within the application submission.

Q67. For MOAs and MOUs do I need to provide them for each county in the service area?

A67. No; however, MOAs/MOUs should be provided to support the proposed project in areas and counties where services will be delivered.

Q68. Are stipends allowed for community advisory board members?

A68. Stipends are allowed. However, budgets must show a line item for stipends, the organization must assure all tax implications are considered, and services rendered by those paid stipends are documented. In the event of an audit by the Department of Health or the Department of Financial Services, the organization must be able to provide the aforementioned documentation as requested.

Q69. One Disease Intervention Specialist (DIS) covers my entire service area. Do I need an MOU/MOA from each county health department in my area?

A69. No. In instances where one DIS covers multiple counties or service areas, only one MOU with the county health department where the DIS is based is needed.

Q70. Which resumes should be included with the application, everyone with oversight on the project or only those funded through the project. Will the RFA Questions and Answers be posted?

A70. Include the resumes of key personnel working on the project proposed in the application submission. Yes, questions and answers will be posted to the Department's Grant Funding Opportunities website (<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>).

Q71. Can funding be used for STD testing?

A71. Up to 5 percent of funds from an applicant's final award may be used for other screening tests if the test is provided in conjunction with HIV screening. See Section 2.4.B.1.c (page 32).

Q72. RFA lists maximum number of 10 letters of support. Is there a limit on MOAs and MOUs?

A72. There is no limit for MOAs and MOUs.

Q73. How do we define blood draw? How many days do we have to link a possible acute HIV infection with a blood draw? Will Test and Treat cover the blood draw requirement for acute HIV cases?

A73. "Blood draw" is defined as performing phlebotomy to obtain a blood specimen. Upon notification from the State Laboratory staff of a patient's acute HIV infection result, the Department's acute HIV infection protocol will be initiated that includes notifying Disease Intervention Specialist staff at the county health department to locate and provide the patient with the test results. If necessary, a confirmatory specimen will be drawn and submitted to the State Public Health Laboratory for additional testing. Patients are counseled and referred for immediate evaluation and initiation of antiretroviral treatment for HIV. The clinic will see the patient on the same day (or within a few days) to evaluate and offer immediate treatment and linkage to care services. The Department will cover the cost of blood draws sent to the State Public Health Laboratory for 4th generation HIV testing.

Q74. What documentation is required to justify 100 percent minority owned?

A74. Evidence that the applicant meets the requirements of the RFA and the definition of "Minority Organization", which can include: Certificate of Incorporation, Articles of Incorporation, or agreement(s) pertaining to ownership, operation, and control of the business. See Section 1.1 (page 11).

Q75. Is Comprehensive Risk and Counseling Services (CRCS) an allowable intervention?

A75. Please refer to the CDC compendium and www.effectiveinterventions.org for information on supported interventions.

Q76. May behavioral interventions be included for both positive and negative individuals?

A76. Please reference Section 2.3, Tables 3, 4, and 5, as well as Section 2.4—Project Requirements (pages 28–35) for specific program components.

Q77. May current marketing, media, and social networking campaigns be used with this application? What will be the process for approval?

A77. Current campaigns may be included with this application. Campaign materials are submitted to the contract manager to initiate the approval process.

Q78. Logic Model Category 3—What value is placed on repeat tests vs unduplicated tests?

A78. This indicator will be revised to remove the word “unduplicated.”

Q79. What is the latest surveillance data available? Where is it found?

A79. HIV/AIDS surveillance data for 2017 is posted on Florida CHARTS (www.flhealthcharts.com). Applicants can also request a copy of local HIV/AIDS surveillance data from their local area surveillance contact which can be found at the following link <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/area-slide-sets.html>.

Q80. Are we allowed to use graphs and charts in the narrative?

A80. Yes.

Q81. What is home-based HIV testing?

A81. HIV home-based tests, also known as self-tests, allow people to test themselves for HIV in their home without a healthcare provider present.

Q82. Is HIV/AIDS surveillance data broken down by county and zip code?

A82. Applicants can request a copy of local HIV/AIDS surveillance data from their local area surveillance contact which can be found at the following link <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/area-slide-sets.html>. Applicants can also view 2017 HIV/AIDS surveillance data on Florida CHARTS (www.flhealthcharts.com).

Q83. Is this new funding or a renewal?

A83. This is a new funding opportunity for HIV prevention.

Q84. Can current approved media campaigns be used?

A84. Yes, all media campaigns currently approved and in use should be included in the application if the intent is to continue.

Q85. Can funds be used for integrated screening STD panels?

A85. Up to 5% of funds from applicant’s final award may be used for other screening tests if the test is provided in conjunction with HIV screening. See Section 2.4.B.1.c (page 32).

Q86. Do letters of support have to come from each area?

A86. No; however, letters of support should originate from areas in which the proposed programmatic activities will occur.

Q87. Can we propose additional target populations?

A87. Yes.